

Adult Fall Softball 2015

ROYAL OAK RECREATION (248) 246-3180

Royal Oak Recreation will begin open adult softball team registrations on **Tuesday**, **July 14**th. Registration deadline is Friday, August 21st, or when leagues sell out.

League Offerings: Monday Coed Rec League 8 teams

Tuesday Men's Rec League 8 teams Wednesday Coed Rec League 8 teams Thursday Men's Rec League 8 teams

Entry Fee: \$450 Includes: 10-game season (5 doubleheaders),

Playoffs for top 4 teams, A.S.A. Registration, softballs, and

awards.

Umpire Fees: \$15 per team per game (pay at the site)

Fields/Times: Worden #4 6:10, 7:20, 8:30, 9:40

Worden #5 6:10, 7:20, 8:30, 9:40

Rosters: Teams can have up to 20 players with **no restrictions on**

non-residents. Player rosters are due in the Recreation

office before first game.

Awards: Season Champion: 15 individual awards

Playoff Champion: 15 individual awards

A.S.A. rules and regulations govern all leagues.

League games will tentatively begin Tuesday, September 8th.

Teams may begin and end a game with eight players.

MANAGERS: Schedules will be E-mailed by August 31st. You may

also begin picking up supplies on August 31st.

- NO SPOTS RESERVED
- You are officially in the league when payment of \$450 and completed teams application is received

We accept payment by Cash, Check, VISA and MasterCard.



CITY OF ROYAL OAK - DEPARTMENT OF RECREATION AND PUBLIC SERVICE TEAM APPLICATION BLANK - 2015

Adult Softball	Team Name				
Sponsor's Name					
League Desired (Day & Division)					
Manager's Name					
Address					
City & Zip					
Home Phone (with area code)	Work (with area code)				
e-mail address					
Asst Mgr Name					
Home Phone (with area code)	Work (with area code)				
e-mail address					
•••••					
Amount enclosed \$					
Payment Method: ☐ Check ☐ C	Cash				
□ Visa#	CVV2(on back)				
☐ MasterCa	ard# CVC2(on back)				
Cardholder N	lame				
Expiration Da	ate				
Signature of (Cardholder				

You may register in person, by mail or fax. NO TELEPHONE REGISTRATIONS

Mailing Address: Royal Oak Recreation

> 211 Williams PO Box 64

Royal Oak MI 48068

In Person: **ROYAL OAK RECREATION**

> 1600 N. Campbell Royal Oak MI 48067

Office Hours: Mon-Fri, 8:30 am - 4:30

<u>pm</u>

(248) 246-3180 • Fax (248) 246-3007

ROYAL OAK RECREATION Team Roster

League				Team Name	
Manager		Address	City,Zip	Home#	
				Work#	
Δeet Mar		Address	City,Zip		
A331 Wgi		Audiess	Oity,2ip		
				Work#	
Player's Nam	e Birthdate	Address	City/Zip	Home Phone	Work Phone
1					
2					
3					
4					
5 6					
7 8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

Players <u>must</u> fill out both sides of the roster completely in order for the roster to be valid.

Player Waiver, Release of Liability and Indemnification Agreement Roster

I, the undersigned player, acknowledge, agree and understand that:

Team Name

- 1. Voluntarily and of my own free will. I elect to participate as a member of the softball team and league indicated below and on the reverse.
- 2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
- 3. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death.
- 4. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of team designated below and on the reverse and in consideration for permission to play on the fields arranged for by the team or league:

- 1. I voluntary elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
- I release, discharge and agree not to sue the team and league designated below and on reverse, the fieldowner or other entity designed below, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

CITY OF ROYAL OAK FIELD OWNER

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN	THIS WAIVER
RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.	
RELEASE OF LIABILITY AND INDEMINIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.	

_____ CITY OF ROYAL OAK REC. LEAGUE

	PRINT NAME	SIGNATURE	DATE
1			
2			